**Patient Advocacy in an Obstetric Setting**

**Background**

Patient advocacy is associated with improved patient outcomes. A theoretical definition of patient advocacy in nursing is safeguarding a patient’s autonomy, acting on their behalf when they are unable, and championing social justice. The routine practice of using continuous fetal monitoring (CEFM) while a woman is in labor is not based on evidence and doesn’t take into account a woman’s beliefs or values.

**Purpose**

Patient advocacy is a nursing value, but little is known about what factors either individually or collectively contribute toward nurses being patient advocates. Using Rogers’ Science of Unitary Human Beings, a correlation study design was used to examine the interrelatedness of power profiles, attitudes regarding intermittent fetal monitoring, and perceived barriers to research utilization with labor and delivery nurses’ (*n* = 248) attitudes toward patient advocacy.

**Findings**

The linear combination of the 3 independent variables was significantly related to attitude toward patient advocacy *F* (3, 244) = 15.36, *p* ≤ .001. The variable *power as knowing participation in change* had the greatest influence on patient advocacy as evidenced by the standardized beta (*B = .356*), and showed a small to medium effect size (.19).

**Conclusion**

The willingness to change practice from CEFM to intermittent fetal monitoring is not based on the evidence or attitudes regarding intermittent fetal monitoring per se, but is based on the dynamic role of power as knowing participation in change and the nursing value of patient advocacy.